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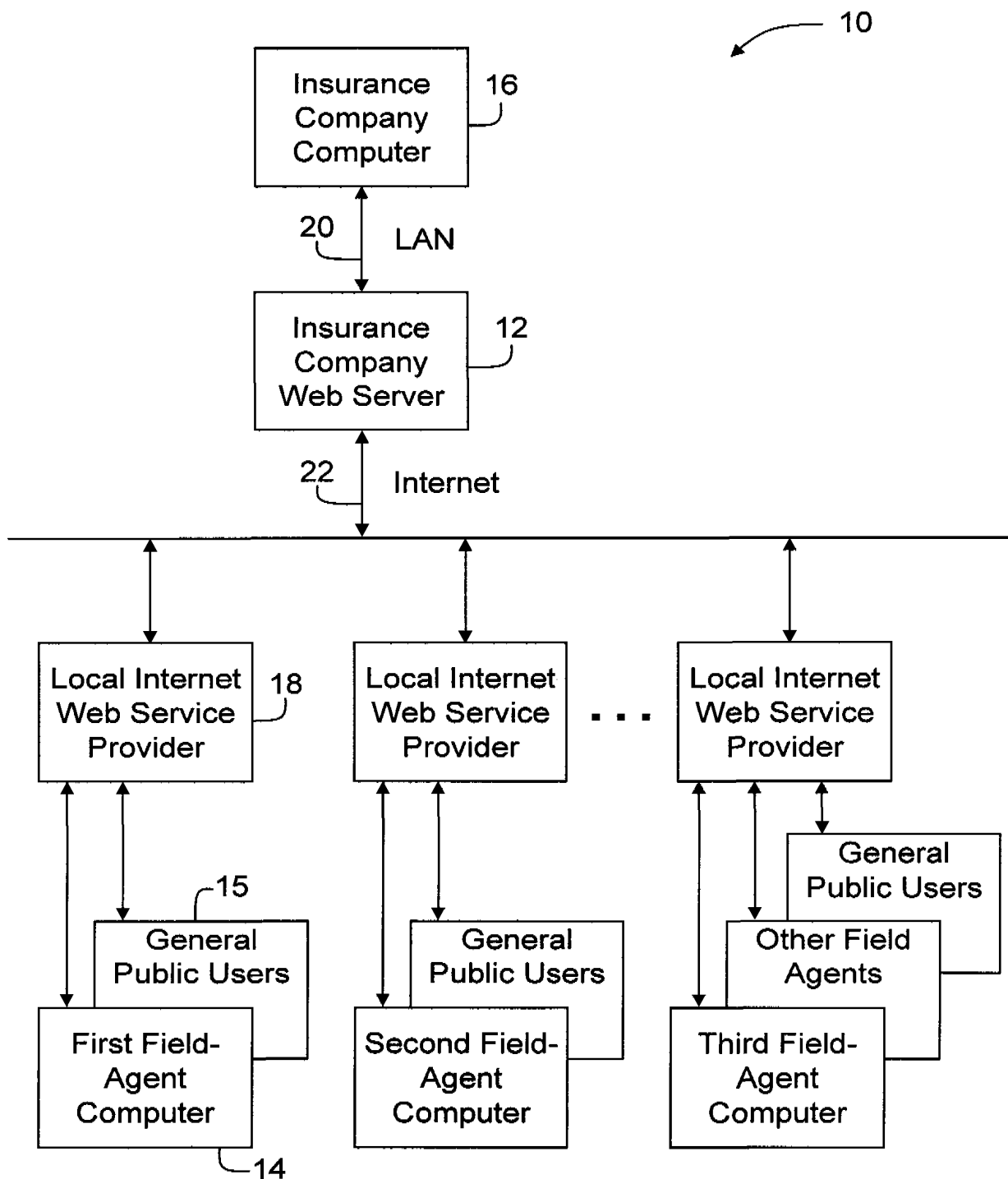


FIG. 1

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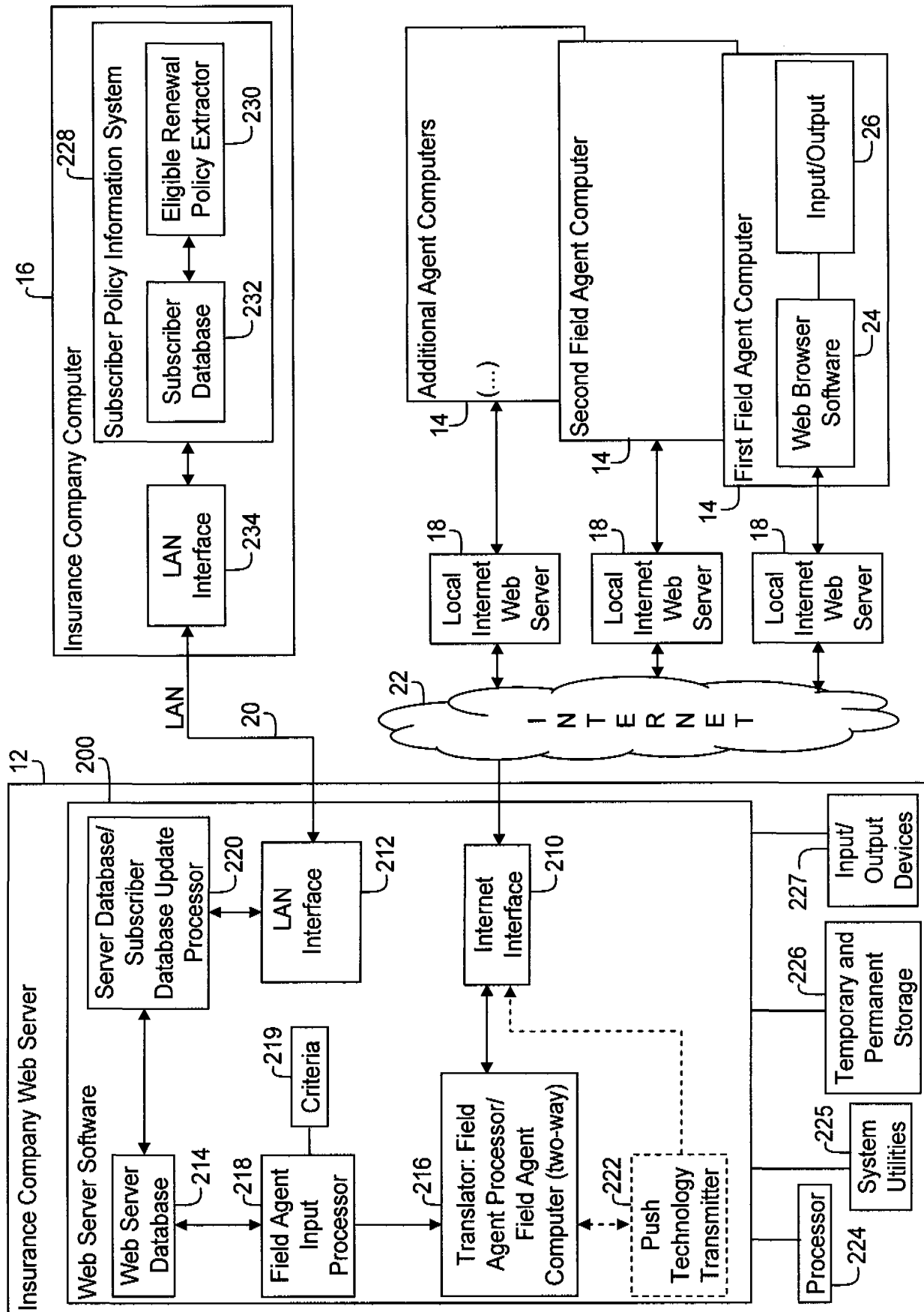


FIG. 2

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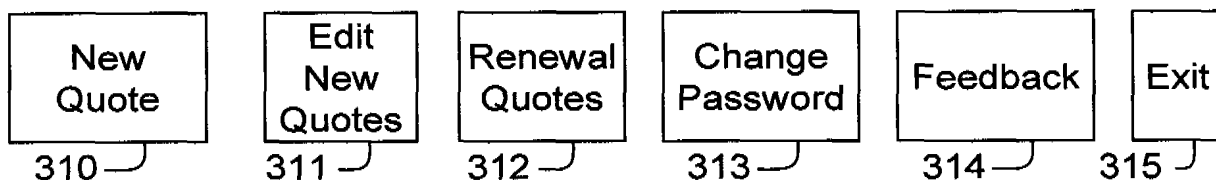


FIG. 3

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Policy Information

Enter policy number and/or account name to initiate search.
 Leave blank to access entire list of policies.

Policy Number:

Account Name:

Limit Search to include (select one): ▾

Sort By (select one): ▾

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FIG. 4

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Renewal

Verify and edit class codes, payroll and experience modifications as applicable.

State: Tennessee

Class Code	Payroll	Class Description
<input type="text" value="5445"/>	\$ <input type="text" value="89,200"/>	<input type="text" value="WALLBOARD INSTALLATION-WITHIN"/> ▾
<input type="text" value="8810"/>	\$ <input type="text" value="10,400"/>	<input type="text" value="CLERICAL OFFICE EMPLOYEES NOC"/> ▾

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FIG. 5

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Renewal	
Your Governing Class code is: 5445	<input type="radio"/> Yes <input type="radio"/> No
Operations: If any of the operations listed below apply to class code 5445, then select them from the list (If more than one item applies, hold <CTRL> and use the mouse to select multiple operations).	
<u>>60% Residential</u> Does the employer pay governing class (5445) employees an average in excess of \$6 per hour?	<input type="radio"/> Yes <input type="radio"/> No
Classification Footnotes/Special Rules: Minimum Premium \$10,000 Loss Control Survey required after binding	
Does the employer financially contribute to a medical plan?	<input type="radio"/> Yes <input type="radio"/> No
Enter the Average weekly wage for 5445	\$ <input type="text" value="100"/>
Does the employer have existing Experience Mods?	Yes No
If so, list two most recent Experience Mods in decimal format (List most recent first)	1. <input type="text" value="0.82"/> 2. <input type="text" value="0.82"/>
<div>342 <input type="button" value="Check Eligibility"/></div>	

FIG. 6

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Renewal

Based on the information provided, you have
a schedule adjustment of 5%.

Your policy company has been determined to be
Reliance National Insurance Company.

A deviation of -40.00% will be applied.

Next >>>

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FIG. 7

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Renewal

General Information

Does the applicant own, operate or lease aircraft/watercraft?

Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous materials? (e.g. landfills, wastes, fuel tanks, etc.)

Any work performed underground or above 15 feet?

Any work performed on barges, vessels, docks, bridge over water?

Any group transportation provided?

Is there any volunteer or donated labor?

Do you lease employees to or from other employers?

Is the answer to any of the above questions "Yes"? ☐ Yes ☒ No

Proposed
Effective Date
11/03/1999

Proposed
Expiration Date
11/03/2000

Employer's Liability

Each Accident, Disease – Policy Limit, Disease –

Each employee

100-500-100 ▾

Employers liability limits over

1,000,000/1,000,000/1,000,000 are

not available under the CyberComp program.

Legal Entity Type: Corporation ▾

If not in list, Enter type here:

The quotation being requested should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.

Quote not valid if any of the following apply: "A" Rated Classes, Aircraft Exposures, Federal Based Exposures (USL & H, FELA), Volunteers without charge, Agricultural Harvesting for others, Chemical & Dyestuff Rating Plan, Employee Leasing, Temporary Agencies, Occupational Disease Exposure or if the quote is in violation of any individual class code premium adjustment footnotes.

Do Not Accept

Accept

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FIG. 8

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State	Class Code	Class Description	Premium Basis	Rate Per \$100/ Factor	Est. Annual Premium
TN	5445	WALLBOARD INSTALLATION- WITHIN BUILDINGS & DRIVERS	\$489,200.00	7.78	\$38,060.00
TN	8810	CLERICAL OFFICE EMPLOYEES NOC	\$10,400.00	0.20	\$21.00
		SubTotal			\$38,081.00
TN	9898	EXPERIENCE MODIFICATION	\$38,081.00	0.97	-\$1,142.00
TN	9889	SCHEDULE DEBIT	\$36,939.00	0.05	\$1,847.00
		SubTotal			\$705.00
TN	0063	PREMIUM DISCOUNT	\$38,786.00	9.50	-\$3,685.00
TN	0900	EXPENSE CONSTANT			\$140.00
		SubTotal			-\$3,545.00
		Total For State			\$35,241.00
		Total For Policy			\$35,241.00
Print Quick Quote					Bind

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The above quotation should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.

Quote not valid if any of the following apply: "A" Rated Classes, Aircraft Exposures, Federal Based Exposures (USL & H, FELA), Volunteers Without Charge, Agricultural Harvesting for Others, Chemical & Dyestuff Rating Plan, Employee Leasing, Temporary Agencies, Occupational Disease Exposure or if the quote is in violation of any individual class code premium adjustment footnotes.

FIG. 9

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WORKERS COMPENSATION CONFIRMATION RENEWAL

PRODUCER INFORMATION

Agency Name	JACKSON GROUP
Agency Number	0281915

APPLICANT INFORMATION

Applicant Name	A B C DRYWALL, INC.
DBA Name	
Mailing Address	3781, MAIN STREET
NCCI ID #	440544253
Federal Employer ID #	621053171
Other Rating Bureau ID #	000000000

LOCATIONS

1	Name	A B C DRYWALL, INC.	DBA Name			
	Address	3781, MAIN STREET	City	MEMPHIS		
	County	memphis	State	TN	Zip	38118
	Number of Employees	12				

POLICY INFORMATION

Policy Number	Proposed Effective Date	Proposed Expiration Date	Normal Anniversary Rating
NWX60017160	11/03/1999	11/03/2000	

EMPLOYERS LIABILITY

\$100,000.00	EACH ACCIDENT
\$500,000.00	DISEASE-POLICY LIMIT
\$100,000.00	DISEASE-EACH EMPLOYEE

State	Code	Class Description	Premium Basis	Rate Per \$100/Factor	Est. Annual Premium
TN	5445	WALLBOARD INSTALLATION-WITHIN BUILDINGS & DRIVERS	\$489,200.00	7.78	\$38,060.00
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		SubTotal			-\$3,545.00
		Total For State			\$35,241.00
		Total For Policy			\$35,241.00

Does the applicant own, operate or lease aircraft/watercraft?

Do/Have past, present or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)

Any work performed underground or above 15 feet?

Any work performed on barges, vessels, docks, bridge over water?

Any group transportation provided?

Is there any volunteer or donated labor?

Do you lease employees to or from other employers?

I agree that the response to all of the above questions is No.

This policy has been bound as of the effective date shown. A check in the amount of the required deposit must be received no later than 2 days of the effective date or appropriate notice of cancellation for non-payment of premium will be mailed.

The above quotation should be considered an estimate and is subject to change based on inaccurate underwriting information received, changes in rates, experience modifications or any other items by jurisdictions which have control over such items. The policy is subject to audit and the payroll and underwriting information will be audited and the policy premium will be adjusted accordingly.

Quote not valid if any of the following apply: "A" Rated Classes, Aircraft Exposures, Federal Based Exposures (USL&H, FELA). Volunteers Without Charge, Agricultural Harvesting for Others, Chemical & Dyestuff Rating Plan, Employee Leasing, Temporary Agencies, Occupational Disease Exposure or if the quote is in violation of any individual class code premium adjustment footnotes.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE

FIG. 10